

(Carbon Copied)

Offender Signature:

Date:

Grievance Response:

Offender Signature:

An investigation was conducted into your concern. Grievances noted by you were reviewed and found to be screened appropriately. A response from a Step 2 grievance is not grievable. No further action is warranted.

Grievance Response:

Signature Authority:

M. LEWANDOWSKI

Date:

Returned because: *Resubmit this form when corrections are made.

Offender Signature:

☐ 1. Grievable time period has expired.☐ 2. Illegible/Incomprehensible.*☐ 3. Originals not submitted.*☐ 4. Inappropriate/Excessive attachments.*☐ 5. Malicious use of vulgar, indecent, or physically threatening language.☐ 6. Inappropriate.*

Signature Authority:

Returned because: *Resubmit this form when corrections are made.

CGO Staff Signature:

☐ 1. Grievable time period has expired.☐ 2. Illegible/Incomprehensible.*☐ 3. Originals not submitted.*☐ 4. Inappropriate/Excessive attachments.*☐ 5. Malicious use of vulgar, indecent, or physically threatening language.☐ 6. Inappropriate.*

I-128 Back (Revised 11-2010)

Signature Authority:

Returned because: *Resubmit this form when corrections are made.

Signature Authority:

OFFICE USE ONLY

Initial Submission

CGO Initials:

Date UGI Recd:

Date CGO Recd:

(check one) ☐ Screened ☐ Improperly Submitted

Comments:

Date Returned to Offender:

2nd Submission

CGO Initials:

Date UGI Recd:

Date CGO Recd:

(check one) ☐ Screened ☐ Improperly Submitted

Comments:

Date Returned to Offender:

3rd Submission

CGO Initials:

Date UGI Recd:

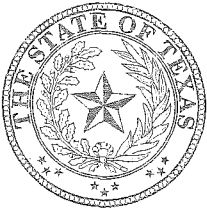
Date CGO Recd:

(check one) ☐ Screened ☐ Improperly Submitted

Comments:

Date Returned to Offender:

Appendix G



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM
(Carbon Copied)

OFFICE USE ONLY

Grievance #: 2019131746
 Date Received: _____
 Date Due: _____
 Grievance Code: _____
 Investigator ID #: _____
 Extension Date: _____
 Date Retd to Offender: _____

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12E-58 17613
 Unit where incident occurred: Michael
Due Process/Access To Courts Violations

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.
 Who did you talk to (name, title)? Grievance Office When? 4-23-2019/5-3,6,13-2019
 What was their response? Redundant, Refer to grievance #2018145655
 What action was taken? My Protected Conduct of filing grievances violated deliberately

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate
In Grievance #2019112603 Grievance Investigator Rachel R. Rowland and Margaret M. Price both conspired together against my rights by deliberately violating my Protected Conduct of filing Grievances in order to Obstruct Justice for an ongoing major Health Hazard which can not be redundant since the problem has not been fixed at all up to this very day.

Rachel R. Rowland lied about returning the grievance back to me on April 23rd 2019. I didn't get it back til May 1st 2019 at late night mail call. Then I turned it back in on May 3rd 2019 and She lied and stated she got it on May 6th 2019 and lied again stating she sent it back to me on May 6th 2019 but I didn't get it til May 7th, 2019.

Then the worst of them all got Her hands on this Grievance #2019112603 on May 13th 2019 "Margaret M. Price" who has been violating my rights non stop for over 14 months now also lied and stated she sent it back on May 13th, 2019 but I didn't get it back til May 15th, 2019.

Aside from them both lying about dates & times, they both purposely avoided the Office of Inspector General about actual crimes of Prison Officials & Building Inspectors deliberately covering up a serious Health Hazard to save money for the Prison System in T.D.C.J. at the expense of Human Rights. They did not process that Grievance properly at all. And they deliberately avoided my requested actions. They are both agitating my mental illness and leaving me in a situation where I'm forced to breathe bad air every single day.

I-127 Front (Revised 11-2010) YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

G#2019112603
 SIF~4-23-2019

JUN 27 2019
 MAY 31 2019
 JUN 13 2019
 Appendix F

MAY 31 2019
JUN 13 2019

JUN 27 2019

(Carbon Copied)

Action Requested to resolve your Complaint:

Reinvestigate Grievance #2019112603 with the OIG & Health Services Division and grant my requested actions, protection from M. Price & R. Rowland, Stop Obstructing Justice.

Offender Signature:

Ymon Hostand

Date:

5-30-2019

Grievance Response:

MAY 31 2019

JUN 27 2019

Signature Authority:

Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because:

*Resubmit this form when the corrections are made.

- ☒ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance #
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

V. Matlock
Investigator II
Michael UnitV. Matlock
Investigator II
Michael UnitV. MatlockV. Matlock

UGI Printed Name/Signature:

R. Rowland / Investigator II

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority:

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission

UGI Initials:

V.M.

Grievance #:

2019131746

Screening Criteria Used:

#1, 999

Date Recd from Offender:

MAY 31 2019

Date Returned to Offender:

MAY 31 20192nd Submission

UGI Initials:

V.M.

Grievance #:

2019131746

Screening Criteria Used:

#1, 999

Date Recd from Offender:

JUN 13 2019

Date Returned to Offender:

JUN 13 20193rd Submission

UGI Initials:

V.M.

Grievance #:

2019131746

Screening Criteria Used:

#1, 999

Date Recd from Offender:

JUN 27 2019

Date Returned to Offender:

JUN 27 2019

Appendix F



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM
(Carbon Copied)

OFFICE USE ONLY

Grievance #: 2019026286
 Date Received: _____
 Date Due: _____
 Grievance Code: _____
 Investigator ID #: _____
 Extension Date: _____
 Date Paid to Offender: _____

Offender Name: Jamon Hestand TDCJ #: 1343536Unit: Estelle Housing Assignment: A-101Where incident occurred: Estelle

~ Emergency ~

You must try to resolve your problem with a staff member before you submit a formal complaint. The exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Several Prison Officials & Staff When? October 24th, 2018What was their response? Negative/He just wants to be part of the action/etc.What action was taken? Inmate Xzavier Williams #2063366 assaulted & battered illegally.

State your grievance in the space provided. Please state who, what, when, where, and the disciplinary case number if applicable.

Around 12:55pm on Alpha 1-101 cell I witnessed inmate Xzavier Williams #2063366 being brought in on a stretcher face down coming head first through the gate ~ he was extremely agitated and I could see that he was seriously injured on his face and head ~ he was bleeding from his chin and there was more blood on his face & head. He was arguing with several prison staff members. He obviously was not getting medical care and was placed in A-102 cell by several staff on camera. This inmate refused to give up the handrestraints, he claimed that prison officials assaulted & battered him illegally ~ he specifically named a Sgt. Zwar & Officer Gibson as culprits who punched/hit him multiple times in the face & head and slammed his face on the concrete and his left wrist got messed up ~ I saw Ms. Alford on camera, Lt. Hastings, Sgt. Gerdes, Sgt. Hitchcock, Lt. Flinstone, and an O.I.G. presence. Chemicals were used on this man in A-102 cell at about 1:05pm & 1:07pm again before Williams gave up the handrestraints. Nurse Sherman checked on him a few times and finally got him to medical around 2:50pm --- he was still bleeding and ended up going to the Hospital in an ambulance.

This illegal behavior perpetrated by these prison officials & staff against Xzavier Williams puts me at risk of personal injury or some other serious or irreparable harm and also agitates my mental illness due to the fact that I have been personally violated very seriously many times by prison officials & staff. These Human Rights violations have me paranoid and I am in fear for my personal safety by these corrupt prison officials & staff. I could be the next one to be harmed by these dirty staff. It's extremely

DEC 11 2018

NOV 13 2018
NOV 19 2018

wrong! I have to be paranoid constantly of prison officials & staff who assault & batter inmates illegally and that makes me unsafe because I may trip out on prison officials & staff due to their inhumane treatment of incarcerated persons like I just witnessed with Xavier Williams #206.3366... what was done to him has been done to me --- most recently on February 13th 2018 and it can happen again! I need mental therapy also for these crimes. Xavier Williams was illegally assaulted and battered and he needs serious help and I do not feel safe at all I am not safe.

Action Requested to resolve your Complaint.

Stop crimes against inmates. A full investigation with the O.I.G., Protection from all involved officials & staff permanently. A safe environment for me.

Offender Signature: Jamon Houston

Date: 10-25-2018

Grievance Response:

Signature Authority:

Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☒ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # 2019021286
- ☐ 10. Illegible/Incomprehensible. * My name is J. Back
- ☐ 11. Inappropriate. *

Printed Name/Signature: J. Back

Signature of the screening criteria for this grievance is not expected to adversely affect offender's health.

Signature Authority:

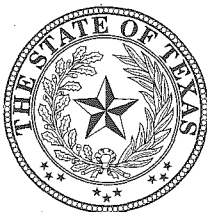
Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: JB
 Grievance #: 2019021286
 Screening Criteria Used: #8 (999)
 Date Recd from Offender: 12.5 OCT 2018
 Date Returned to Offender: 12.5 OCT 2018
 2nd Submission UGI Initials: NV
 Grievance #: 2019021286
 Screening Criteria Used: #8 999
 Date Recd from Offender: NOV 13 2018
 Date Returned to Offender: NOV 13 2018
 3rd Submission UGI Initials: BR
 Grievance #: 2019021286
 Screening Criteria Used: #8 999
 Date Recd from Offender: NOV 19 2018
 Date Returned to Offender: NOV 19 2018

Appendix F

(Carbon Copied)



(Carbon Copied)

Texas Department of Criminal Justice

STEP 2

OFFENDER GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12E-62cell
 Unit where incident occurred: Michael and Estelle

OFFICE USE ONLY

Grievance #: 2019026286
 UGI Recd Date: _____
 HQ Recd Date: _____
 Date Due: _____
 Grievance Code: _____
 Investigator ID#: _____
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Grievance # 2019026286 was not processed correctly and my requested actions were ignored. The incident with Xavier Williams #2063366 also violated my Human Rights & Federal Rights... The incident agitates my mental illness and has me in an environment where Prison Staff and Officials commit violent crimes against incarcerated persons which means what happened to him can happen to me at any time and it has happened several times before ~most recently on February 13th 2018 when Prison Officials & Staff assaulted and battered me during an excessive use of force.

Also, whatever Policy that makes my complaint non grievable is unconstitutional and violates Human Rights regardless of the fact that my complaint explains very clearly how the incident violated my rights personally, telling me that reporting a crime or a major violation of Human or Civil Rights is non grievable simply because I file a complaint in another inmates behalf regarding a crime or major violation of Human or Civil Rights is in itself unconstitutional and violates Human Rights completely...

(Carbon Copied)Offender Signature: Yamon WestlandDate: 12-5-2018

Grievance Response: _____

Signature Authority: _____

Date: _____

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

R0-020414



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM

(Carbon Copied)

OFFICE USE ONLY

Grievance #: _____
 Date Received: _____
 Date Due: _____
 Grievance Code: _____
 Investigator ID #: _____
 Extension Date: _____
 Date Retd to Offender: _____

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12E-62cell
 Unit where incident occurred: Michael and Estelle
 Regarding Grievance # 2019026286

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Grievance Investigators ^{DEC 10-25-2018 and on}
 What was their response? The issue presented is not grievable. ^{DEC 4-13 & 19-2018}
 What action was taken? Xzavier Williams & my Human and Federal Rights Violated. ^{DEC 17-2018}

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

Grievance Investigators J. Back, Melissa B. Vixtha, and Britton F. Rodriguez
have violated my Protected Conduct of Filing Grievances regarding Grievance
2019026286. They did not handle it properly at all and it's obvious that
they conspired together against Xzavier Williams and my rights. They all
avoided my requested actions and ignored the severity of my very serious
complaint that not only affects Xzavier Williams # 2063366 but also affects
me adversely by having me in a situation that has me at risk of also being
injured or harmed seriously and by agitating my mental illness and causing
me severe mental & emotional trauma & suffering. ^{DEC 05 2018}

The Policy about Third Party Grievances and/or other ^{DEC 12 2018}
submitting a Grievance on behalf of other offenders is clearly unconstitutional
when or if an Offender is filing a Grievance in behalf of other Offenders
pertaining to actual crimes, illegal actions, and/or major violations of Human
and Federal Rights like I mentioned in Grievance # 2018151545 & 2019026286
which means that CID Director Lorie Davis, Executive Director Bryan Collier,
and Texas Board of Criminal Justice Chairman Dale Wainwright are deliberately
allowing a Policy that clearly violates Federal Law and Human Rights of all
incarcerated persons in a direct attempt to put an unnecessary burden on our
Freedom of Speech & Association and obstructs Victims' Rights and interferes
with access to courts rights and violates the rights of witnesses to crimes or
Human Rights violations and it is a form of torture & very cruel and unusu-
al punishment that leaves incarcerated persons in danger and has caused and
still causes severe physical, mental, emotional, and spiritual pain & suffering endlessly. ^{DEC 12 2018}

1-127 Front (Revised 11-2016)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

G# 2019026286

SIF-102518

S2F-120518

(OVER)

Appendix F

All that aside, what happened to Xzavier Williams also violated my Human & Federal Rights very clearly by increasing my punishment way beyond and above what the State Court sentenced me to on December 2nd 2005 and by leaving me in situation or having me in a situation where Prison Officials and/or Staff commit crimes of violence against incarcerated persons in my immediate environment illegally and very seriously agitated my mental illness to the point now where I have Bad Dreams of violence, trouble with my sleeping schedule, Flashbacks of violent events, Angry Outbursts, thoughts of hurting myself & others, feeling on edge, rage inside, etc. which is an endless daily torture magnified by solitary confinement & inhumanity...

Action Requested to resolve your Complaint.

Stop illegal uses of force by Prison Officials & Staff. Reinvestigate Grievance # 2019046089 with the OIG & all related departments. Allow 3rd party/offender complaints about crimes.

Offender Signature:

James Houston

Date: 12-3-2018

Grievance Response:

DEC 05 2018

DEC 12 2018

DEC 17 2018

Signature Authority:

Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☒ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant. Refer to grievance #
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

M. Price

Investigator III

UGI Printed Name/Signature:

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority:

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: *JP*

Grievance #: *2019046089*

Screening Criteria Used: *aaa #2*

Date Recd from Offender: *DEC 05 2018*

Date Returned to Offender: *DEC 05 2018*

2nd Submission UGI Initials: *W*

Grievance #: *2019046089*

Screening Criteria Used: *#2 aaa*

Date Recd from Offender: *DEC 12 2018*

Date Returned to Offender: *DEC 12 2018*

3rd Submission UGI Initials: *MP*

Grievance #: *2019046089*

Screening Criteria Used: *#2 aaa*

Date Recd from Offender: *DEC 17 2018*

Date Returned to Offender: *DEC 17 2018*

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Appendix F

Hitting his head on floor

Nurse ~~Gerdes~~

Sgt. Hitchcock

Jamie E.
Mrs. Alford
CameraX Lt. Flinstone
~~Highster~~Sgt. Gerdes
Geerdes
Taylor J.32 years ~ "X-Man"
Xavier Williams #2063366

~ 12:15pm ~ 10-29-2018

No

John M.
Lt. HastingsJeremy W.
Sgt. ZwarRed "Gibson"
Darwin J.

→ punched 4 or 5 times in face

12:52pm

Brought this dude in "beat up by laws" with no
medical attention whatsoever ~ face busted up
Chin split open ~

1:05pm ~ Chemical agents used ~ 1:07pm Chem. Agents again

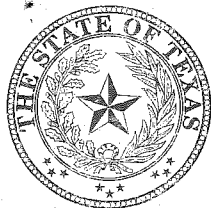
"No exhaust vents at all ~ everyone in entire areaCoughing real bad ~ → He gave up restraints / still did not
get medical attention ✓

New Balance Shoes (52 years old) Left wrist swell up

2:15pm ~ still bleeding / no medical attention2:45pm ~ Nurses came to see "Williams" ~ still ain't got help yet
2:50pm ~ → Finally pulled him out for medical attention

On duty Officer Alphonso

* I met Zwar face to face on 11-24-2020 still a Sgt. at 7:44am
* Jeremy Zwar



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM
(Carbon Copied)

OFFICE USE ONLY

Grievance #: 2020096708
 Date Received: MAR 27 2020
 Date Due: 5/6/20
 Grievance Code: 812
 Investigator ID #: I2668
 Extension Date: JUN 16 2020
 Date Retd to Offender: JUN 17 2020

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12B-44cell
 Unit where incident occurred: Michael Unit
 Retaliation/Harassment/Denial of Medical Care

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? On duty staff/Night shift When? 3-19, 20-2020

What was their response? Are you going on medical chain?---etc.

What action was taken? Got denied my medical chain/appointment without my consent!!!

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On March 19th, 2020 on night shift I was asked by an on duty Officer if I was going to go on medical chain and I replied "Yes" but no one ever came to get my property and on the following morning of Friday March 20th, 2020 still no one came for me at all or got my property or nothing else regarding that medical chain for an appointment at Hospital Galveston on probably March 23rd, 2020 or so.

I never refused and I never went to medical department on March 19th or 20th, 2020 to sign any refusal!--- I can only see this as an act of retaliation & harassment against me for exercising my access to courts rights once again... Why? Because aside from me dealing with a Campaign of Harassment from Prison Officials & Staff for over 2 years, most recently I had an excessive use of force on March 9th, 2020 which happens to be the same shift at night as the one on March 19th, 2020 that asked about me going on medical chain that night but never came back. The other possibility is the recent filing of a lawsuit in Federal Court in the USDC-Eastern District of Texas on February 13th, 2020 and retaliation for it but either which way leads to the exact same conclusion which is that I was denied my medical appointment at Hospital Galveston once again by the denial of my medical chain/transport on March 19th-20th, 2020 against my will and/or without my consent and this was clearly done by On duty Prison Officials & Staff both involving a Security Official and Medical Personnel... I don't know exactly who did this but theres the days & shifts which is March 19th 2020 night shift to March 20th, 2020 day shift and someone refused my medical chain/transport ~>

without my consent or without me signing a refusal for the medical appointment at Hospital Galveston which means that the refusal paperwork does not have my signature or that paperwork was not ever done at all period and so I need my appointment at Hospital Galveston for March 23rd or 24th, 2020 which I'm yet to know what it was for because I have various appointments and was not informed which one it was for: Urology, Orthospine, General Surgeon, Audio, etc. --- It's real hateful, ignorant, and obviously part of the long standing & ongoing conspiracy against my rights here on Michael Unit that has been going strong ever since February 13th, 2018 when Prison Officials & Staff stole my property, assaulted & battered me with serious injuries, and denied me medical care, etc. up to now. Protect me from retaliation... *Stop conspiracy against my rights immediately. Reschedule my appointment! Action Requested to resolve your Complaint. Investigate this properly with the OIG & Health Services Division and save all data for litigation including Video, activity logs, medical records, etc. ~Transfer me to Region III as close to Hospital Galveston as possible!

Offender Signature: James Kempt

Date: 3-27-2020

Grievance Response:

The medical department reports that you were not scheduled for medical chain on the day in question. No policy violation noted.

B Kempt

Warden Kempt

JUN 16 2020

Date: 06/16/18

Signature Authority:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 2nd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 3rd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____



(Carbon Copied)

Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12B-44
 Unit where incident occurred: Michael
 Grievance # 2020096708

OFFICE USE ONLY

Grievance #: 2020096708
 UGI Recd Date: 7/3/20
 HQ Recd Date: JUL 10 2020
 Date Due: 8-15
 Grievance Code: 812
 Investigator ID#: 10742
 Extension Date: 9-21

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

It did not resolve the complaint or grant any of my requested actions at all! It was not investigated properly either. I did have an appointment for medical at Hospital Galveston on March 23rd, 2020...

I need my requested actions granted and this Grievance investigated properly so this problem doesn't happen again.

(Carbon Copied)Offender Signature: *Juan Hernandez*Date: 7-2-2020

Grievance Response:

Your Step 2 Grievance has been investigated by this office. You were appropriate advised at the Step 1 level that according to the medical department you were not scheduled for medical chain on the day in question. If you feel that you have a medical concern, you are advised to submit a Sick Call Request (SCR) to the Medical Department. No further action is warranted at this time.

Signature Authority: *Miley*Date: 8/20/2020Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

Offender Signature: _____

Grievance Response: _____

Signature Authority: _____

Returned because: **Resubmit this form when corrections are made.*☐ Grievable time period has expired☐ 1-128 Back (Revised 11-2010)☐ 2. Illegible/Incomprehensible.*☐ 3. Originals not submitted.*☐ 4. Inappropriate/Excessive attachments.***OFFICE USE ONLY****Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

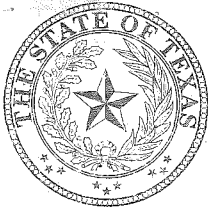
Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

Appendix G



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM
(Carbon Copied)

OFFICE USE ONLY

Grievance #: 2019051588
 Date Received: JAN 02 2019
 Date Due: 2-11-19
 Grievance Code: 814
 Investigator ID #: J14831008
 Extension Date: _____
 Date Retd to Offender: FEB 06 2019
 RO-020719

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12E-62cell
 Unit where incident occurred: Michael
Unnecessary Use of force & missed medical appointment.

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Officer T. Lindsey & M. Najeraaquilar When? 12-20-2018
 What was their response? Have to find someone else to take you to medical.
 What action was taken? Missed my medical appointment.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

At about 12:40pm on December 20th 2018 Officer Trezure S. Lindsey & Officer Marcelindo D. Najeraaquilar came to my cell at 12 Building E-Pod 62cell for my medical appointment but Officer Trezure S. Lindsey kept deliberately agitating Offender Quincy Jones #2059553 who was in the recreation dayroom on my section by screaming & yelling at him and cursing him out and disrespecting him real bad and this ignorant behavior got Quincy Jones angry and he dashed Officer Trezure S. Lindsey with some liquid and she kept talking real bad to Quincy Jones and to Offender Kali R. Steele #1280941 who was in E-64cell upstairs on my section also. Officer Marcelindo D. Najeraaquilar shut my slot and he told me they'd find someone else to come get me for medical. On their way out Officer Lindsey kept screaming & yelling profanities at both Quincy Jones & Kali R. Steele and when both Officers got through the crash gate to my section Officer Marcelindo D. Najeraaquilar blocked & covered for Officer Trezure S. Lindsey so she could be sneaky and pull her gas can out without Quincy Jones seeing and she sprayed a bunch of chemical agents on Quincy Jones which was an unnecessary use of force done with malicious intent. And after instigating Quincy Jones into assaulting her on purpose and then using force on Quincy Jones, she lied to Lt. Eldrick Birdow about using chemical agents and got the Office of Inspector General involved in an attempt to further harass Quincy Jones after she instigated the whole situation in the first place and which not only caused me to lose my medical appointment but has seriously agitated my mental illness to the extreme on top of the fact that Officer Marcelindo D. Najeraaquilar is one of the staff members who deliberately assaulted & battered me on February 13th, 2018 and has

no business even being around me after victimizing me. Officer Treazure S. Lindsey's actions and the presence of a staff member who hurt me has very seriously agitated me & my mental illness and caused me severe mental and emotional pain. What Officer Treazure S. Lindsey did with Quincy Jones and Kali R. Steele she could very well do to me at any time! These staff members are not trained to deal with inmates who have mental illness at all according to their actions and I also never did get to go to my medical appointment at all that I really needed for serious medical problems. I have Officer Treazure S. Lindsey & Marcelinda D. Najeraquilar can not be trusted and have already put my life & liberty in danger along with Quincy Jones. ^{Get me to my medical appointments without agitating me.} Protection from Officer Lindsey & Najeraquilar. Train Staff to deal very properly with mentally ill incarcerated persons. Stop unnecessary use of force. Save & Review Video evidence for litigation.

Offender Signature: Tamon WestfordDate: 12-31-2018

Grievance Response:

Your grievance was investigated. Officer Lindsey and Officer Aguilar deny your allegations and contends at no time have they refused you or any offender the opportunity to attend a medical lay-in. Furthermore, staff report that on the day in question they had a use of force and you were unable to be escorted at that time. Medical was contacted and you did go to the infirmary on 12/20/18 but left before your vitals could be taken. You have been rescheduled due to unforeseen circumstances.

Signature Authority: [Signature]

Warden Meador

Date: 2/6/19

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

JGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

(Carbon Copied)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



(Carbon Copied)

Texas Department of Criminal Justice

STEP 2

OFFENDER GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12C-43cell
 Unit where incident occurred: Michael

OFFICE USE ONLY

Grievance #: 2019057568
 UGI Recd Date: FEB 21 2019
 HQ Recd Date: FEB 26 2019
 Date Due: 04-02
 Grievance Code: 84
 Investigator ID #: I1364
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). *I am dissatisfied with the response at Step 1 because...*

it is false and has left the issue unresolved. My requested actions have been ignored completely. At no time did I go to the infirmary on 12/20/2018 whatsoever --- that is a lie. Officer Treasure S. Lindsey & Marcelinda D. Najeraquilar denying my allegations is meaningless when everything I wrote in Grievance # 2019057588 is seen on video security cameras which the Office of Inspector General also has reviewed. So Warden Charles O. Meador is clearly obstructing Justice and violating my Human & Federal Rights along with the rights of Quincy Jones # 2059553 & Kali R. Steele # 1280491 while acting under color of State law which very greatly increases our punishment way above & beyond what the State Court sentenced us to specifically by conspiring with others against our rights, obstructing Justice for both ignorant & criminal behavior from both involved officers, making false statements on a Federally protected document, tampering with evidence, deliberately ignoring my legitimate requested actions, causing me severe mental & emotional pain and suffering by leaving me in a situation where I am at risk of injury or loss of my liberty due to corrupt staff who agitate mentally ill incarcerated persons into doing violence so they can run to the police when they are the ones who started the altercations in the first place, etc. and all this has been done with evil intentions & evil motives deliberately --- Warden Charles O. Meador has a long record of violating my Human & Civil Rights already.

I need protection from Warden Charles O. Meador from now on!
 I need my requested actions to be fulfilled properly.

(Carbon Copied)Offender Signature: Yman WestonDate: 2-21-2019

Grievance Response:

Your Step 2 grievance has been investigated by this office. You were appropriately advised at the Step 1 level. Based on the information available at this time, no further action is warranted.

Signature Authority: M. Blalock

M. BLALOCK

Date: 3-29-19Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 6. Inappropriate. *

CGO Staff Signature: _____

I-128 Back (Revised 9-1-2001)

OFFICE USE ONLYInitial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

RD-041514



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

(Carbon Copied)

Offender Name: Jamon Hestand TDCJ # 1343536Unit: Michael Housing Assignment: 12A-58cellUnit where incident occurred: Michael & Central Grievance Office
Access To Courts/Due Process Violations

OFFICE USE ONLY	
Grievance #:	<u>2019116088</u>
Date Received:	_____
Date Due:	_____
Grievance Code:	_____
Investigator ID #:	_____
Extension Date:	_____
Date Retd to Offender:	_____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Warden Charles O. Meador & CGO When? 2-6-2019 & 3-29-2019What was their response? Negative.What action was taken? My Protected Conduct of Filing Grievances violated again.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

Warden Charles O. Meador & CGO M. Blalock have both conspired against my rights with others to obstruct Justice for serious Human & Civil Rights violations perpetrated against mentally ill incarcerated persons like me, Quincy Jones # 2054553, and Kali R. Steele #1280491 in Grievance #2019057588 by Officer Treasure S. Lindsey & Marcelindo D. Najeraaquilar which I explained fully in that Grievance and I also explained how Warden Charles O. Meador violated my rights & ignored my requested actions on purpose on the Step 2 of that Grievance #2019057588 but then Central Grievance Officer M. Blalock turned around and violated my Protected Conduct of Filing Grievance #2019057588 deliberately to obstruct Justice for criminal behavior by Warden Charles O. Meador, Officer Treasure S. Lindsey, and Officer Marcelindo D. Najeraaquilar and to cover up their serious mistreatment of mentally ill incarcerated persons in a Mental Health Program that's being paid for by Tax-payers.

CGO M. Blalock is conspiring against my rights and harassing me for me trying to exercise my access to courts rights. CGO M. Blalock is retaliating on me on purpose and ignoring my requested actions in Grievance #2019057588. M. Blalock lied on the Step 2 response stating that I was appropriately advised at the Step 1 level and that based on the information available at that time, no further action is warranted when the entire situation was on video security cameras and there was a Use Of Force and the Office of Inspector General was involved so obviously CGO M. Blalock and Warden Charles O. Meador are tampering with evidence of a crime illegally.

I-127 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

MAY 13 (OVER)

G#2019057588

SIF-123118

S2F-022119

MAY 28 2019

Appendix F

to deliberately obstruct Justice together. All these individuals are torturing me and causing me severe mentally inflicted pain & suffering on purpose. Warden Charles O. Meador has been violating my protected Conduct of Filing Grievances for a long time now & so has M. Blalock. And Officer Marcelindo D. Najeraquilar was directly involved in injuring me on February 13th, 2018 on purpose illegally.

APR 30 2019

MAY 13 2019
MAY 28 2019

(Carbon Copied)

Action Requested to resolve your Complaint.

Protection from all forementioned Prison Employees. Re-investigate Grievance #2019057588 and grant my requested actions with the OIG.

Offender Signature:

James Heston

Date:

4-30-2019

Grievance Response:

Signature Authority:

Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 35 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☒ 8. The issue presented is not grievable.
- ☐ 9. Redundant. Refer to grievance # M. Price
- ☐ 10. Illegible/Incomprehensible. Investigator III
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature:

R. Rowland / Investigator II

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority:

OFFICE USE ONLY

Initial Submission

UGI Initials:

Grievance #:

Screening Criteria Used:

Date Recd from Offender:

Date Returned to Offender:

2nd Submission

UGI Initials:

Grievance #:

Screening Criteria Used:

Date Recd from Offender:

Date Returned to Offender:

3rd Submission

UGI Initials:

Grievance #:

Screening Criteria Used:

Date Recd from Offender:

Date Returned to Offender:



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM
(Carbon Copied)

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12B-44
 Unit where incident occurred: Michael & Systemwide
Deliberate Indifference Involving COVID-19

OFFICE USE ONLY

Grievance #: 202012605
 Date Received: JUL 28 2020
 Date Due: 8-12-20
 Grievance Code: 030
 Investigator ID #: I1983
 Extension Date: _____
 Date Retd to Offender: AUG 12 2020
RO-021420

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Every On Duty Staff available When? May 15th, 2020 to now
 What was their response? Don't know what's going on / It don't make no sense / etc.
 What action was taken? Deliberate Indifference to COVID-19 Health Risk by Prison Officials!

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

CID-Director Lorie Davis, Executive Director Bryan Collier, TBCJ-Chairman Dale Wainwright, along with every Regional Director, Warden, Supervisor, etc. throughout the Texas Department of Criminal Justice - CID are acting together in a conspiracy against the rights of Prison Staff & Incarcerated Persons including myself and Society by showing deliberate indifference to the very serious health risk & danger of the Pandemic COVID-19 Outbreak Worldwide for monetary interest with Governor Greg Abbott, Lt. Governor Dan Patrick, et. al. by deliberately ignoring & disregarding both International & Federal "Quarantine" protocols & procedures such as those put forth by the "World Health Organization" and/or the "Centers for Disease Control" for properly handling a pandemic outbreak such as COVID-19 when in fact there is very obvious & solid evidence that the Virus has spread rapidly throughout the Prison System where Prison Officials & Staff come & go 24 hours a day every day turning every Unit into a breeding ground for COVID-19 infecting Incarcerated Persons non stop & Staff who spread it back into Society every single day non stop. --- At first only the sickest Prisoners with the most obvious symptoms were tested throughout April 2020 and Prison Employees only had to pass through a "Temperature Test" to get into the Units each day & night when Prison Officials already knew the majority of people with the Virus have either no symptoms or no temperature until around mid May 2020 when Michael Unit alone had about 60 positive cases for Inmates and about 20 positive Staff for example when almost everyone was tested during a sloppy quarantine lockdown around May 15th, 2020 with a swab test in our mouths and just a little over 2 weeks later these idiots take everyone off of Quarantine Lockdown after finding out there was over 380+ positive cases of COVID-19 on Michael Unit alone. And they made

Incarcerated Workers/Slaves get back to work as if nothing was wrong
cloth mask for the most part with few exceptions and allowing Prison Staff to enter
the Units again with only the "Temperature Test" once again and only the sickest
Prisoners with the most obvious symptoms being tested once again also. This same
deliberate indifference is happening Systemwide throughout TDCJ-CID and the
"Centers for Disease Control" never stepped foot on Michael Unit mysteriously? with
over 380+ positive cases & growing on Michael Unit alone? That puts all Incarcerated
Persons, Prison Staff, and Society's lives, liberty, health, etc, in very serious
danger on purpose and the last Systemwide test was in May 2020. This is massive
torture & cruel and unusual punishment with life endangerment by Prison Officials to us all!
*Honor Human Rights. Let me out of prison immediately! Stop conspiracy against rights!
Action Requested to resolve your Complaint. Follow proper quarantine protocols & procedures Systemwide coordinated with Centers for Disease
Control! Retest all Prisoners & Staff for COVID-19 Systemwide! Raise Parole rates to 70% to save
LIVES!

Offender Signature: James WestfordDate: 7-21-2020

Grievance Response:

MI Unit staff are conducting facility operations in such a manner as to ensure proper measures are taken to aid in preventing the spread of COVID-19 within the facility. In accordance with established preventive measures, offenders and staff members are required to utilize face coverings and practice social distancing at all times, and all staff are monitored for symptoms prior to entering the facility. Your claims could not be substantiated. No policy violation noted.

Signature Authority: [Signature]

Warden Meador

Date: 8/12/20

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-127) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
2nd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
3rd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	

(Carbon Copied)

OCT-4 5 2020

ACCEPT AS
ORIGINAL(Carbon Copied)

Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: RB-44 cell A1-101
 Unit where incident occurred: Michael & Systemwide
 Grievance # 2020156505

OFFICE USE ONLY

Grievance #: 2020156505
 UGI Recd Date: SEP 03 2020
 HQ Recd Date: SEP 03 2020
 Date Due: 9-18
 Grievance Code: 930
 Investigator ID#: IL775
 Extension Date: 10-10-2020

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

It was not investigated properly and none of my requested actions were granted! The complaint is not resolved whatsoever! In fact, the situation is even worse now! There was in fact over 400+ positive cases of COVID-19 on Michael Unit alone and the "Swab test" that almost everyone took on or around May 15th, 2020 has since been proven to give false negative results which makes alot of sense to me because I've had continuous symptoms of COVID-19 since April 2020 up to now such as: Fatigue, Dry Cough, Itching Across My Body, Nausea, Sore Throat, Diarrhea, Congested Nose, Extra Headache, Feeling something in My Lungs, Chest Pain, Reflux, Abdominal Pain, Sneezes, Bleeding Sores, Dizziness, etc. Which, I have reported to the Medical Department only to be deliberately ignored!

Warden Charles O. Meador is giving false statements on Grievance # 2020156505 about facility operations being conducted in such a manner as to ensure proper measures are taken to aid in preventing the spread of COVID-19 within the facility, offenders & staff utilizing face coverings & practicing social distancing at all times, and staff being monitored for symptoms prior to entering the facility, about my claims could not be substantiated, etc.--- Nothing but lies! He has once again violated my Protected Conduct of Filing Grievances on purpose in order to obstruct Justice!

Staff are only monitored for a Fever upon entering the facilities System

I-128 Front (Revised 11-2018)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

Appendix G

(Carbon Copied)

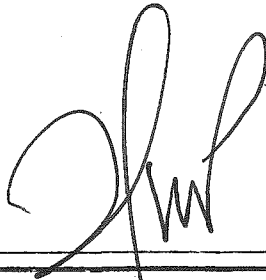
wide when most people either have no obvious symptoms or other symptoms besides a Fever. Offenders & Staff are not Social Distancing at times continuously at all which can be seen on security Videos very clearly along with a bunch of them violating face mask rules and inmates only have useless cloth masks to use! - Warden Mendor has violated my rights continuously since February 13th, 2018!

Offender Signature: Tamon MendorDate: 8-31-2020

Grievance Response:

Your Step 2 grievance has been investigated. There is insufficient evidence to substantiate your claims that the agency is not adhering to quarantine policies and procedures. The Michael Unit is taking all necessary precautions to help aid in the prevention and/or spread of COVID-19. There is no evidence of policy violation. No further action is warranted.

Jb. M. Pederson



SEP 16 2020

Signature Authority: _____

Date: _____

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

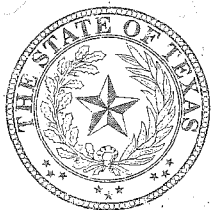
Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM
(Carbon Copied)

OFFICE USE ONLY

Grievance #: 2020015876
 Date Received: _____
 Date Due: _____
 Grievance Code: _____
 Investigator ID #: _____
 Extension Date: _____
 Date Retd to Offender: OCT 25 2019

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12D-17 cell ✓
 Unit where incident occurred: Michael
Due Process / Torture / Conspiracy / etc.

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Grievance Investigators

When? From February 2018 up til now & ongoing

What was their response? Negative / False / None / etc.

OCT 02 2019

What action was taken? Protected Conduct of Filing Grievances Violated deliberately non stop.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

Ever since February 13th, 2018 up til now and ongoing every single Grievance Investigator involved in all my Grievances on my Grievance File have deliberately conspired together against my rights and very deliberately violated my Protected Conduct of Filing Grievances to Obstruct Justice in some form or fashion. Not even one single Complaint has ever been resolved in my behalf and none of my requested actions have been granted since February 13th, 2018 up til now & ongoing. Also a bunch of my Grievances I have filed during that same time period have been stolen by Grievance Investigators which I intend to bring up in another complaint...

* The following Grievance Investigators are involved in the Conspiracy against my rights as forementioned: Warden Carol E. Monroe Jr., Warden Charles O. Meador, Warden Deborah G. Cockrell, Warden Pennie R. Kempt, UGI- Margaret M. Price, UGI- Brittani F. Rodriguez, UGI- Tammy L. Rainey, UGI- Melissa B. Vixho, UGI- Monte P. Nobars, UGI- J. Back, UGI- Rachel R. Rowland, UGI- Vireca M. Matlock, UGI- Practice Manager- Pam Pace, CGO- B. Barnett, CGO- M. Blalock, CGO- B. Howard, CGO- M. Lewandowski, CGO- IO352, CGO- J. Smith, CGO- C. McKellan, CGO- S. Gurrola, CGO- Timothy C. Jones, CGO- C. Martinez, CGO- K. Ward, etc. / et al.

These people have worked together one way or another deliberately to violate my Human & Civil Rights repeatedly since February 13th, 2018. They have obstructed Justice for crimes committed against me by Prison Employees, denied me proper medical care for serious injuries caused by Prison Staff, forced me live in very

OCT 02 2019 (ER)

OCT 25 2019
Appendix F

terrible conditions, tormented my mind non stop, forced me to be denied my Victims Rights, denied me relief to all my complaints, etc. etc. etc.

They all know what they've been doing is illegal, corrupt, inhumane, unethical and they still show very deliberate indifference & gross negligence to my well being. They have treated me with extremely cruel & unusual punishment way far above & beyond what the State Court sentenced me to on December 2nd, 2005. They have been and still are torturing with non stop Campaign of Harassment & Retaliation for me trying to exercise my Access To Courts Rights. I have asked for protection from many of them a bunch of times to no effect.

Action Requested to resolve your Complaint: *Independent Oversight Committee established over Grievance System
Release me from prison. Protect me from all forementioned individuals. Stop conspiracy against my Rights. Re-investigate all my Grievances since February 13th, 2018 with the OIG.

Offender Signature: James Westmont

Date: October 2nd, 2019

Grievance Response:

OCT 02 2019
OCT 25 2019

Signature Authority:

Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☒ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature:

Debbie Bobb

M. Price
Investigator III

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority:

I-127 Back (Revised 11-2010)

Carbon Copied

OFFICE USE ONLY

Initial Submission UGI Initials: DP
Grievance #: 2020015876
Screening Criteria Used: #1, 999
Date Recd from Offender: OCT 02 2019
Date Returned to Offender: OCT 02 2019
2nd Submission UGI Initials: DP
Grievance #: 2020015876
Screening Criteria Used: #1, 999
Date Recd from Offender: OCT 14 2019
Date Returned to Offender: OCT 14 2019
3rd Submission UGI Initials: DP
Grievance #: 2020015876
Screening Criteria Used: #1, 999
Date Recd from Offender: OCT 25 2019
Date Returned to Offender: OCT 25 2019

Appendix F



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM
(Carbon Copied)

OFFICE USE ONLY

Grievance #: 2020054960
 Date Received: _____
 Date Due: _____
 Grievance Code: _____
 Investigator ID #: _____
 Extension Date: _____
 Date Retd to Offender: _____

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12D-17cell
 Unit where incident occurred: Michael
Illegal Uses of Force Against Mentally Ill Persons

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Captain Jason M. Gould et. al. When? 12-9-2019

What was their response? Negative

What action was taken? Illegal, Unnecessary, Excessive, Undocumented Uses of Force against Mentally Ill Incarcerated Persons

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On 12-9-2019 between about 2:50pm to about 3:30pm at 12 Building D-Pad 2-Section in the Mental Health Therapeutic Diversion Program/Chronically Mentally Ill-Sheltered Housing, a whole bunch of Prison Staff such as: Sgt. Daniel R. Jett, Robnesia L. Mullins, Kamry D. Kinder, Sgt. John H. Holmes, Sgt. Victor E. Afun, Sgt. Abbie G. Andrews, Lt. Sherrell D. Mc Coy, Chase R. Johnson, Sgt. Francis Kyei, Carlos H. Duran, Barbra C. Neal, Captain Jason M. Gould, Major Guillermo M. Delerosa, and many others were either directly involved or fully aware of either unnecessary/excessive/illegal/and/or undocumented uses of force (that should've clearly been brought to the attention of trained Mental Health Personnel at the very start in an attempt to de-escalate the very negative situation between Correctional Staff & Mentally Ill Incarcerated Persons) against 12D-28cell Damien Green #1707884, 12D-15cell Caleb Gipson #2047214, 12D-16cell Billy McLain #2082431, and 12D-17cell Jamon Hestand #1343536 "myself". The situation began between Sgt. Jett /CO R. Mullins/CO K. Kinder and Damien Green #1707884 at the bottom of the stairs of 12D-2 section and it quickly escalated into a very negative situation between Sgt. Jett & Damien Green because Jett didn't want Green going to medical and it was serious enough that CO Robnesia L. Mullins actually pushed Sgt. Jett all the way off the entire 12 Building D-Pad. -- A bunch of Correctional Staff responded to the scene and they only made the problem worse by responding with terrible angry communication & violent action by slamming Damien Green #1707884 into the concrete floor hitting his face, head, and body very hard for no good reason at all. That immediately started an outrage throughout the entire D-Pad 3-section by agitating mental illness to the extreme. It was utter chaos with shouting, banging, yelling obscenities, rage, etc. all throughout the section. Damien Green was violated 100% and it led into a use of force with Caleb Gipson coming out the shower very agitated and the same ignorant staff slammed him into the concrete ground very hard, dragged him into 12D-15cell and proceeded to assault & batter him illegally and at the same time Billy McLain

I-127 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

#2082431 got into a use of force in anger and several staff actually used shields & tray slot bars against him violently which led to me being involved and getting attacked with a riot shield, hand slammed in the slot, and sprayed with chemical agents by several Prison Staff such as Chase R. Johnson & Kamry D. Kinder along with others. (OVER)

Appendix F

The uses of force against me were completely undocumented and I was denied mental health & medical attention after this incident. Captain Jason M. Gould just stood back and watched everything go down without even trying to intervene. Major Guillermo M. Delarosa was fully aware of this violation and still nothing has been done. None of these Prison Officials & Staff are trained to deal with Mentally Ill Incarcerated Persons in Solitary Confinement which shouldn't even exist anymore! This whole situation should've been diffused by trained Mental Health Staff instead of infused with ignorant angry communication & violent actions by Prison Officials & Staff. We were deliberately agitated by this violence perpetrated by these Prison Employees! It's all on Security Cameras except what was done inside cells illegally! It's torture & Action Requested to resolve this complaint in all staff properly to deal with mentally ill incarcerated persons. Investigate with the OIG. Protect me & other victims listed from all involved Staff! Save all Security Video Camera Data for Litigation for events in this Grievance. Stop illegal uses of force!

Offender Signature: James DelarosaDate: 12-24-2019

Grievance Response:

Signature Authority: _____

Date: 3-12-2020

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
2 nd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
3 rd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	

(Carbon Copied)

UOF Class Action Notes *Date: 120919

*Time: 2:50pm to 3:30pm

Those directly involved: 12D-17, 16, 15, & 28 cells

Involved Staff: Ranesha Madlins / K / Howl / Sgt. Andrews / ^{Jet} Sgt. J / Lt.
/ Sgt. Afan / Capt. Gauld / Sgt. Kye

Involved Inmates: Jamon N. Hestand #1343536 /
Damien Green #1707884 / Caleb Gipson #2047214 / Billy McLain
#2082431 / Denver Hardin #1409545 / Rudy B. Ortiz #1571864 /
Herman Moore III #938751

On 2-26-2020 ~ Lt. Sherrell D. McCoy & 3 other Officers
at about 3:10pm came to my Cell at 12D-43 cell to do a
Use of Force Physical for what happened on 12-09-2019
~ I explained my hand got hurt and I got sprayed with Chemical
Agents and got no medical attention / McCoy ~~then~~ said on
and no decontamination. } Camera that I got processed
by medical when I got put
in medical chain that night.

Afun, Victor F. - Sgt.
Andrews, Abbie G. - Sgt
Duran, Carlos U. - CO IV
Gould, Jason M. - Captain *
? Hall, Christopher N. - CO III
? Hall, Prince C. - CO IV
Holmes III, John H. - Sgt.
Jett, Daniel R. - Sgt.
Johnson, Chase R. - CO-IV
Kyei, Francis - Sgt.
Kinder, Kamry D. - CO IV
Mullins, Rahneshia L. - CO IV
McCoy, Sherrell D. - Lt.
Neal, Barbara C. - CO IV
et. al

Deleasa, Guillermo M.
* major

IWOC COMPLAINT FORM

KC IWOC
PO Box 414304
Kansas City, MO 64141

Type of Complaint (Circle One or More) 1. Working Conditions
2. Medical 3. Living Conditions 4. Rehabilitation Opportunities
5. Human Rights Violations 6. Constitutional Rights Violations

TYPE OR PRINT. All complaints must be submitted in writing and signed by the complainant.
PLEASE NOTE: The vendor, corporation, guard, nurse, or other employee named in the allegation may or may not have a right to receive a copy of the complaint.

PERSON MAKING COMPLAINT (COMPLAINANT) INFORMATION

COMPLAINANT NAME AND DOC NUMBER OR ANONYMOUS

Jamon N. Hestand #1343536

DATE

1-7-2020

ADDRESS (PRISON NAME, STREET, CITY, STATE, ZIP CODE)

Michael Unit, 2664 FM 2054, Tennessee Colony, TX 75886 USA

WITNESS INFORMATION - IF NO WITNESSES, HOW CAN WE VERIFY COMPLAINT? (USE EXTRA PAPER TO EXPLAIN OR TO LIST MORE WITNESSES)

WITNESS NAME AND DOC NUMBER	ADDRESS	TELEPHONE NUMBER
Damian Green #1707884 Caleb Gipson #2047214 Billy McLain #2082431	Michael Unit, 2664 FM 2054, Tennessee Colony, TX 75886 USA	(903) 928-2311
Denver Hardin #1904545 Rudy B. Ortiz #1571864 Herman Moore III #938751	Michael Unit, 2664 FM 2054, Tennessee Colony, TX 75886 USA	(903) 928-2311

INFORMATION ABOUT THE VENDOR, CORPORATION, GUARD, NURSE, OR OTHER EMPLOYEE BEING REPORTED

FULL NAME OF EMPLOYEE A bunch of Prison Officials & staff listed below, TDCJ-CID

LICENSE OR BADGE NUMBER (IF KNOWN)

HOME ADDRESS (IF KNOWN)

TELEPHONE NUMBER (IF KNOWN)

Major Guillermo M. Delerosa / Captain Jason M. Gould / Lt. Sherrell D. McCoy / Sgt. Daniel R. Jett / Sgt. Victor F. Afun / Sgt. Abbie G. Andrews / Sgt. John H. Holmes III / Sgt. Francis Kyei / CO Carlos U. Duran / CO Christopher N. Hall / CO Chase R. Johnson / CO Kamry D. Kinder / CO Rahnesia L. Mullins / CO Barbra C. Neal / et.al.

LOCATION OR EMPLOYMENT ADDRESS OF THE VENDOR, CORPORATION, GUARD, NURSE, OR EMPLOYEE BEING REPORTED

EMPLOYER

T.D.C.J. - C.I.D

EMPLOYER ADDRESS

209 W. 14th Street, Austin, TX 78720

EMPLOYMENT STATUS (IF KNOWN)

- ☐ Termination
☐ Suspension
☐ Resignation in lieu of termination
☒ Other: Still working like as if nothing happened!

AFFIDAVIT OF VERIFICATION – Part 1 of 2

All medical complaints must have a notarized copy of this form - Use a separate form for each agency that you want IWOC to contact on your behalf. If your complaint is not about medical issues, this form is optional and does not need to be notarized.

I, Jamon Nathaniel Hestand (Name), April 27th 1981 (Date of birth), prisoner under jurisdiction of the State of Texas (State) hereby request and authorize: CID-Director Lane Davis (Name of the entity that you want IWOC to contact on your behalf, example Corizon), located at P.O. Box 99, Huntsville, TX 77342 (Street address, city, state, and zip of agency or individual) to communicate and share any/all information pertaining to my current and future health condition, medical treatment and/or the condition of my incarceration with KC IWOC, PO Box 414304, Kansas City, MO 64141

in order to allow coordinated efforts on my behalf as deemed necessary to improve my health and medical treatment, as well as the conditions of my incarceration. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon redemption of above mentioned issues of concern.

AFFIDAVIT OF VERIFICATION – Part 2 of 2

I, Jamon Nathaniel Hestand (Name), April 27th, 1981 (Date of birth), prisoner under jurisdiction of the State of Texas (State) hereby request and authorize:

KC IWOC, PO Box 414304, Kansas City, MO 64141

to disclose the following materials that I have sent to IWOC for safekeeping or that IWOC may request upon my death:

*Any/all of my medical records starting on the date of my incarceration to present, as well as any/all medical records related to current and future diagnoses/treatments beyond this date when requested at a later point of time to include any/all medical records generated until my death (discharge summary).

*These medical records – hard copies as well as electronic records – may include any/all encounters with medical personnel, any/all results of examinations and tests (x-rays, MRIs, CT-scans, biopsies, assessments, evaluations, etc.), any/all diagnoses, treatments and procedures (also those performed by community providers), as well as any/all blood draw/lab results related to any/all health conditions that I had, am currently suffering from, as well as may acquire in the future.

*Any/all paperwork submitted to Corizon Health Inc. and/or correctional officials, following the grievance procedure in order to exhaust my internal remedies.

to: (Name of the entity that you want IWOC to contact on your behalf, example Corizon or you can put "IWOC Discretion" and we can send it anywhere that we deem to be helpful) Attorney Tanika J. Solomon, located at (Street address, city, state, and zip of agency or individual, or you can put "IWOC Discretion") 2120 Welch Street, Houston, Texas 77019 for evaluation and usage. This consent is subject to revocation at any time except to the extent that the entity which is to make the disclosure has already taken action in reliance on it. This consent will terminate upon release of above said materials.

I also JNH ☒ (Do) or ☐ (Do not) want IWOC to ask the public to call this agency or individual on my behalf. (Circle and initial "Do" OR "Do not")

Date 1-7-2020

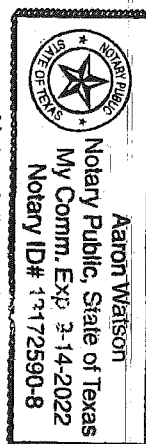
Jamon N. Hestand
Jamon M. Hestand #1343536
(Prisoner Name, DOC#)

Michael Unit
(Correctional Center)

2664 FM 2054
(Street Address)

Tennessee Colony, TX 75886
(City, State, Zip)

Notary Without Bond



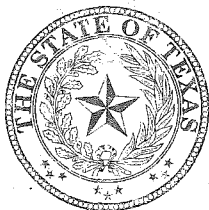
[Signature]
Notary Public

Sworn and subscribed before me

this 7th day of Jan. 2020
(Month) (Year)

My commission expires:

9-14-22



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM
(Carbon Copied)

OFFICE USE ONLY

Grievance #: _____

Date Received: _____

Date Due: _____

Grievance Code: _____

Investigator ID #: _____

Extension Date: _____

Date Retd to Offender: _____

Offender Name: Jamon Hestand TDCJ # 1343536Unit: Estelle Housing Assignment: HS-G117Unit where incident occurred: Michael UnitMedical/Deliberate Indifference

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Lt. Sherrell D. McCoy et al. When? February 26th, 2020

What was their response? Use of Force Physical at Medical...

What action was taken? UOF Physical was for UOF from December 9th, 2019

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On December 9th, 2019 I was involved in a Use of Force at 12 Building D-Pod 2-Section and never got any medical attention whatsoever until over 2 1/2 months later when Lt. Sherrell D. McCoy came to my current cell at 12 Building D-Pod 43 cell with a video camera and said she was sent to do a Use of Force Physical and take me to medical to be evaluated on February 26th, 2020 at about 3:10pm. I should've got a Use of Force physical and proper medical attention on December 9th, 2019 when the incident happened but never did and the incident ended at about 3:30pm of December 9th, 2020 so there was plenty of time to get me and there's no good reason at all to deny me medical attention that day. ~ It wasn't until the next day I went on medical chain for unrelated medical concerns and there was no seeing medical on the way out on chain/transportation going to Hospital Galveston... This was Official Repression and abuse of office.

* At medical on February 26th, 2020 with Lt. Sherrell D. McCoy et al. I explained my right hand had got hurt and I had been sprayed with Chemical agents by Officer Kamry D. Kinder and got no decontamination or any medical attention at all after the incident and there is no medical documentation to say otherwise since Lt. McCoy said on video camera at medical that I got processed by medical on my way out on medical chain which is not true at all and not documented anywhere like I just stated.

I'm an Incarcerated American with Disabilities in a Mental Health Therapeutic Diversion Program/Chronically Mentally Ill-Sheltered Housing, being

tortured relentlessly at Michael Unit by many Prison Officials & Staff for over 2 years especially since events on February 13th, 2018 when I was assaulted & battered by Prison Officials & Staff on Michael Unit in the same Mental Health Program, in a conspiracy against my rights.

Prison Officials & Staff in the Mental Health Therapeutic Diversion Program, Chronically Mentally Ill-Sheltered Housing are systematically doing excessive, illegal, unnecessary, and/or undocumented uses of force on mentally ill incarcerated persons including myself and ignoring injuries they cause to us deliberately by denying us medical attention on purpose and no attempts to de-escalate the situations.

Action Requested to resolve your Complaint.

Stop torturing disabled American prisoners with uses of force and denial of medical attention. Use qualified/trained Staff to deal with disabled inmates psychologically & intelligently.

Offender Signature: Jamon Alcantara

Date: 3-12-2020

Grievance Response:

Signature Authority: _____

Date: _____

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

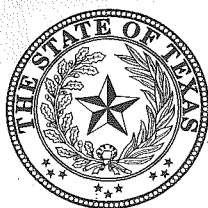
Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

Carbon Copied

OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
<u>2nd Submission</u>	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
<u>3rd Submission</u>	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM
(Carbon Copied)

OFFICE USE ONLY

Grievance #: 2020091180

Date Received: MAR 16 2020

Date Due: 4-30-20

Grievance Code: 6041

Investigator ID #: I1083

Extension Date: 20-14-20

Date Retd to Offender: MAY 19 2020

Offender Name: Jamon Hestand TDCJ # 1343536

Unit: Michael Housing Assignment: 12B-44cell

Unit where incident occurred: Michael, Estelle, and Hospital Galveston
Medical Conditions/Legal Ramifications

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Vice President UTMB-CMAC-Owen Murray, et al, When? February 11th, 2020

What was their response? None

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I wrote Owen Murray on February 11th, 2020 trying to get transferred to Region III as close as possible to Hospital Galveston as possible or at the Hospital due to excessive unsafe transportation & subjection to terrible condition of confinement going from Michael Unit to Estelle Unit to Hospital Galveston and back again repeatedly which agitates my mental illness and aggravates my multiple injuries that I've been trying to get proper medical care for, for over 2 years now since February 13th, 2018 when I was assaulted & battered by Prison Officials & staff on Michael Unit with several serious injuries that are all well documented.

The letter I sent him was Special Mail/Correspondence and was sealed shut going out and logged in by the mailroom and I've waited patiently for a response but after over a month none seems to be forthcoming and I will continue to have medical appointments at Hospital Galveston and so I need to be transferred as close to Hospital Galveston as possible if not at Hospital Galveston itself so I can go directly to & from Hospital Galveston in the least amount of time with less unsafe transportation from so far away and with less pain added to what I already feel on a daily basis and lastly with less exposure to terrible conditions of confinement.

With that to the side, I've also spoken with Dr. David Stebbins on the Michael Unit about this same issue along with Warden Charles Q. Meador and I also have Defendants on Michael Unit in a Federal Civil case I'm pursuing at the USDC-Eastern District of Texas right now whom I ~>

Shouldn't even be around at all!!

Owen Murry is showing deliberate indifference towards my legitimate medical needs. I explained everything to him in graphic detail and I have a copy of the letter for later presentation when necessary. There's no good reason for denying my simple logical & legitimate request to be transferred to Region III as close to Hospital Galveston as possible or at Hospital Galveston as I finish my prison sentence and have injuries that will surely need treatment going into the future.

Action Requested to resolve your Complaint:

**Get me away from my Defendants in my Fedral Civil Case! Transfer me to Region III as close to Hospital Galveston as possible or at Hospital Galveston for the remainder of n. prison sentence so I don't have to suffer so much.*

Offender Signature:

James Hester

Date: 3-16-2020

Grievance Response:

UTMB does not assign housing nor facilities. Michael facility is a 24-hour medical facility that can accommodate your current medical and mental health needs.

Signature Authority:

Pam Pace
Practice Manager

Pam Pace

Date:

5-10-20

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because:

***Resubmit this form when the corrections are made.**

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission

UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission

UGI Initials: _____

Grievance #: _____

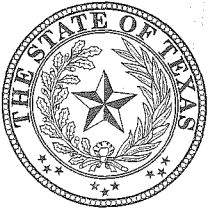
Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

Appendix F

(Carbon Copied)



(Carbon Copied)

Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12B-44 ✓
 Unit where incident occurred: Michael, Estz. & Hospital Galveston
 Grievance # 2020091182

OFFICE USE ONLY

Grievance #: 2020091182
 UGI Recd Date: JUN 02 2020
 HQ Recd Date: JUN 11 2020
 Date Due: 7-17
 Grievance Code: 2041
 Investigator ID#: _____
 Extension Date: _____
RO-072320

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

it was not investigated properly, did not resolve the issue, and did not grant any of my legitimate requested actions whatsoever!

Pam Pace has once again violated my Protected Conduct of Filing Grievances... Michael Unit is not giving me adequate medical attention at all right now but that was not the topic of my complaint in the first place. My complaint was about being put through torturous conditions on medical transport/chain coming and going from Hospital Galveston which aggravates my multiple injuries & agitates my mental illness and that I need to be transferred to a Unit as close to or at Hospital Galveston to avoid that problem & to get away from Defendants on Michael Unit in a Federal Civil Case at USDC - Eastern District of Texas...

I need to be transferred to Region III as close to or at Hospital Galveston immediately to solve the problems in my complaint!

(Carbon Copied)Offender Signature: Jamon WestonDate: 6-1-2020

Grievance Responder: _____

A review of the medical grievance and documentation has been completed regarding your medical complaint to be transferred closer to Hospital Galveston (HG).

An appellate review of the medical grievance and clinical record indicates the response at Step 1 is appropriate. Medical transfers are determined by the health care provider based on whether an offender's medical needs can be met at the current facility. The provider submits a request when it is determined your medical needs cannot be met at your unit of assignment. Health services staff and classification review the request, however, the final decision to transfer an offender is made by classification. You will need to submit a sick call request (SCR) to the medical department for an evaluation and discuss your medical needs/transfer.

Further documentation indicates you did not attempt an informal resolution of your medical concern with supervisory staff. Please refer to Correctional Managed Health Care (CMHC) policy A-12.1, attachment A, regarding getting medical treatment. No further action is warranted at this time through the grievance process.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: 6-19-2020

Returned because: *Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

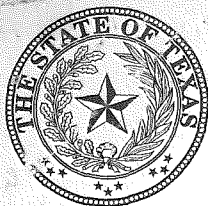
Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM
(Carbon Copied)

OFFICE USE ONLY

Grievance #: 2020097547
 Date Received: MAR 30 2020
 Date Due: 5/14/20
 Grievance Code: 608
 Investigator ID #: I2668
 Extension Date: 6-28-20
 Date Retd to Offender: MAY 26 2020
RO-052720

Offender Name: Jamon Hestand TDCJ # 1343536Unit: Michael Housing Assignment: 12B-44Unit where incident occurred: Michael / Estelle / Hospital GalvestonDeliberate Indifference / Inadequate Medical Care

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? LVN-Alade / LVN-Tarrant / LVN-Gee / LVN-Rowe / Provider et al. When? From 3-4-2020 to nowWhat was their response? Varied from negative to incomplete to hostile to inadequate, etc.What action was taken? Deliberate Indifference to my injuries / Conspiracy against my rights / etc.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On March 4th, 2020 I was injured in an excessive use of force against me by Prison Officials & Staff and the medical personnel: LVN-Abiodun Alade who was attached to that Use Of Force denied me medical attention after that Use of Force regardless of my injuries sustained in the Use Of Force such as: my right arm that was slammed in a tray slot between the door & concrete wall then held in a vise grip while Prison Staff shoved me down & twisted me around and pulled my legs towards the back of the cell with my body yanking & pulling hurting my right arm, shoulder, and back / it also rehurt my right knee again and once they finally let my arm out the vise I got fingers stuck in my left eye and got punched repeatedly in my left ear & eye, etc. --- after the Use of Force and denial of medical care by LVN-Abiodun Alade apparently Staff stole my medically assigned Cane and threw it in the trash and told Provider Rosemary O'Neil that I used it to block the cell door in the Use of Force which is a false statement to be easily proven with all video evidence. Early on March 10th, 2020 Sgt. Daniel Rooks finally took me to medical for my Use of Force physical at around 6am and was forced to limp with assistance to medical where LVN-Abiodun Alade pretended to start Use of Force physical, lied about getting my right arm x-rayed (my right hand was x-rayed instead) and he left quickly which forced Nurse Tarrant to actually do the Use of Force physical but she only did a visual inspection and refused to get my right arm x-rayed but put me in to see a Provider but I was on medical chain to Hospital Galveston going through Estelle for Urology appointment and decided to go in serious pain & without my stolen cane. At Estelle on 3-10-2020 I reported my injuries to Nurse Gee and was denied proper medical care & cane --- at Hospital Galveston I reported my injuries to Nurse Rowe and still couldn't get help and was denied medical care all the way back to Michael Unit where I arrived on March 13th, 2020 where I saw another Nurse who put me in to see Provider for the next Monday the 16th of March but

I-127 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

* I am in serious pain with new injuries from March 4th, 2020 that are not being taken care of properly or fast enough especially my entire right arm & back and right knee with stolen cane - all on top of all my older uncared for injuries from February 13th, 2018 up til now & ongoing.

Appendix F

I did not get to see Provider Rosemary Otili until March 18th 2020 when I learned from her that 2 Prison Staff unknown (she wouldn't say who) said I used my cane to block door which is a lie. I got another cane re-ordered & pass renewed but nothing for my injuries especially my right arm. On March 25th, 2020 I see Otili again for Use of Force injuries and she does a visual inspection only and says she's putting me in to get my Knee (right knee), right arm, and head X-rayed and pain meds restored. I explained about not getting my Cane back yet for my bad right Knee which has been fractured before and had Knee Arthroscopy & Meniscectomy surgery and has fibiofemoral marginal osteophyte formation with joint space narrowing with osteoarthritis and Knee pops during flexion & is painful with abnormalities of gait & mobility but the next day I get x-ray for knee & head but right arm is avoided again and on March 27th 2020 I find out Provider Otili went behind my back & discontinued my Cane for unknown reasons.

Action Requested to resolve your Complaint: Stop denying me proper medical care.

Restore my Cane for my bad right knee. X-ray & MRI for my entire right arm & back that are still in serious pain right now. Stop Conspiracy against my rights now. Proper medical care immediately.

Offender Signature: Jamon Keaton

Date: 3-30-2020

Grievance Response:

Per chart review you were evaluated by the nurse 3/10/20 for a use of force physical. The nurse noted you stating you received injuries to your right hand, left eye and your back. The nurse noted no visible injuries or respiratory distress noted. The nurse obtained an order for an x-ray of your right hand. 3/18/20 you were evaluated by the provider per your request of right knee pain and cane pass renewal. The provider ordered knee x-ray and renewed your cane pass. There is no medical indication for a referral to HG at this time. If you need medical attention, please submit a sick call.

Pam Pace
Practice Manager

Signature Authority: Pam Pace

Date: 5/20/20

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 2nd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 3rd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____

Appendix F

(Carbon Copied)



(Carbon Copied)

Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Jamon Hestand TDCJ # 1343536
 Unit: Michael Housing Assignment: 12B-44cell
 Unit where incident occurred: Michael / Estelle / Hospital Galveston
 Grievance # 2020047547

2020047547

OFFICE USE ONLY	
Grievance #:	<u>2020047547</u>
UGI Recd Date:	<u>JUN 11 2020</u>
HQ Recd Date:	<u>JUN 24 2020</u>
Date Due:	<u>7-26</u>
Grievance Code:	<u>2008</u>
Investigator ID#:	<u>I0352</u>
Extension Date:	<u>80-079320</u>

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

It was not investigated properly at all, the issues presented are still not resolved except for the cane, and none of my requested actions were granted by Pam Pace...

LVN- Abiodun Alade clearly violated my rights immediately after the excessive use of force on March 9th, 2020 and did not complete a use of force physical at all for it then or when I showed up the next morning early with Sgt. Daniel Rooks. Yeah, he ordered an x-ray of my right hand and left as fast as he could since it was shift change while I was in the x-ray room! I was supposed to get my right arm x-rayed not just right hand!

When I came out of the x-ray room LVN- Abiodun Alade was gone and LVN- Tammy Tarrant had to do the use of force physical herself and not only did she document visible injuries to my right arm, left ear, left eye, forehead, etc. but Sgt. Daniel Rooks took still photos of these visible injuries for additional use of force documentation. There's more than plenty evidence of wrongdoing on LVN- Abiodun Alade's part to the far extreme!

Pam Pace is violating my Protected Conduct of Filing Grievances and conspiring against my rights in order to obstruct justice! She deliberately leaves key information out of her response such as the fact that LVN- Abiodun Alade never did the use of force physical at all and →

that "LVN- Tammy Tarrant" did it on the next shift who still denied the X-ray of my right arm which still hurts to this very day right now. I am still injured from that Use of Force with my entire right arm, shoulder, and back and the ringing sound I hear in my left ear is louder now than it already was. I need to be housed as close to or at Hospital Galveston far way

Offender Signature: Tammy Tarrant

Date: 6-9-2020 (better care)

Grievance Response:

A review of the medical grievance and documentation has been completed regarding your medical complaint on 03/09/2020 you were involved with a use of force (UOF) and were denied medical treatment.

An appellate review of the medical grievance and clinical record indicates the response from Step 1 is appropriate. Upon further review of your electronic health records, clinic notes from 03/09/2020 to 06/23/2020 document continuous treatment for injuries obtained during use of force. Furthermore, x-rays were completed on right hand, face, and right knee with no acute abnormalities. Your cane pass was renewed for 180 days and delivered cell side on 04/03/2020. Furthermore, you have pending appointments with Hospital Galveston (HG) for orthospine, CT, audio and general surgery for July, August and September 2020. Documentation indicates you have received adequate access to care, and you have not been denied or delayed medical treatment as per Correctional Managed Health Care (CMHC) policy A-01.1.

Further review indicates you did not attempt an informal resolution of your medical concern with the supervisory staff member. Please refer to CMHC policy A-12.1, attachment A, regarding getting medical treatment. No further action is warranted at this time through the grievance process.

Offender Signature: STEP II MEDICAL GRIEVANCE PROGRAM
 Grievance Response: OFFICE OF PROFESSIONAL STANDARDS
 Signature Authority: TDCJ HEALTH SERVICES DIVISION

Date: 6-26-20

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY	
Initial Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
Initial Submission (check one) <input checked="" type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
2nd Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	
3rd Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	
Comments: _____	
Date Returned to Offender: _____	

9:00pm 3-9-2020

to 10:30pm

Lt. Eric Brannan
Sgt. G

CO - Simtim

CO -

CO -

CO -

CO -

Nurse Alade

Also putting me in 12E-19 cell and
Lt. Brannan started talking shit to
me saying I'm not getting no medical
attention for over 12 hours and called
me a child molester & pedophile real loud
for other inmates to hear and called
me a pussy & hoe-trying to agitate me.
I told both an duty staff on 12E-lad
I need medical attention and was denied
Lt. said that's what I get for filing lawsuits!

Gave me and entire 12D-lad 4 section spoiled food and refused
to fix it/dashed food Officer next to Sgt. G because I was
very agitated and already in constant pain ~ refused to give up tray
slot ~ Prison Officials/staff came back (without first getting psyche staff or
Nurse to try and de-escalate the situation) with Lt. Brannan/Sgt. G and
5 man team --- Slot was tied down where I couldn't untie it and they
sprayed me with chemical agents repeatedly then they tried to
come in the cell but the door was stuck and I stuck my ^{right} arm out the
door and they twisted my ^{right} arm and smashed my ^{right} arm with the door so
(I wanted to come out of cell so I'd be safe hopefully on security
cameras) I pulled back in and stuck my ^{right} arm out the tray slot and
they got the door open finally and slammed the door on my arm with
my arm in the tray slot while other staff shoved me down on the
concrete by the toilet sink, twisting me around with my ^{right} arm still out
the slot trapped feeling like it would be broken and like muscles were
being torn up my right arm into my shoulder & upper right back & neck on right
side ---- another officer jammed his fingers in my left eye and punched me
several times in my left eye area --- I told them everything on camera/such
as I about chest pain, high blood pressure, my right arm, my back, my left eye, etc. and
was denied medical attention ~ at 12E-19 cell they had me on a gurney because I
couldn't walk from chest pain & bad right knee --- they picked me up off gurney with my
injured right arm and put me in cell ~ I later talked to Nurse and was denied
medical attention by Nurse even though I explained my injuries that I was currently
sway off and sat in cell all night injured with no medical attention whatsoever
and no decontamination of chemical agents ~ "That's what you get for filing lawsuits!"

3-10-2020

3:50 am - Sgt. (Wale)
told him I need
medical attention.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Use of Force Report

Offender Participant Statement

3-10-2020
2:36 am Calling Nurse

Showed Her my injuries
and explained them

Unit (Name and Alpha Code): Michael

MI

Report Number:

Incident Number (if applicable):

I. NOTICE TO OFFENDER

You were subjected to a use of force by staff. Staff will write statements about what happened. You may also write a statement so that your side of the story is part of the official Use of Force Report. If you do not write it down, the officials reviewing this use of force will not know your version of the use of force. This form is for your statement.

II. STATEMENT

Instructions:

- Answer the questions below, then write a detailed statement in Section h telling what happened before, during, and after the use of force occurred.
- When you write your statement, be sure to include the name and title or rank of each staff member involved in the use of force against you.

- a. Your name (print): _____ TDCJ#: _____
- b. What date was the force used on you? _____
- c. What happened before the use of force that may have caused the officers to use force? (For example: Did you refuse to obey an order? Did you threaten someone? Were you fighting?)

- d. Where were you when the force was used on you? _____
- e. What kind of force did staff use on you? (For example, an employee used chemical agents on you or held, slapped, or hit you)

- f. If you think staff should not have used force on you, or they used too much force, explain why:

- g. Did the force used on you leave marks on you or cause you injury? (Answer YES or NO) _____
If 'YES,' what are the marks or injuries? (For example: bruises, scrapes, broken bones)

h. Written Statement:

3-10-2020
X-ray of Right hand

☐ Continuation page(s) attached

III. ACKNOWLEDGEMENT

To the best of my knowledge, the information submitted in this offender participant statement is complete and accurate.

Signature

Alade / Nurse
Night Shift

Nurse Tarrant LIOF Physical *
Date

UOF-2 (2017)

* In 12E-11 cell as the chemical agents last some potency - I noticed my right knee injured, my lower & upper right back injured, bloody spot on upper right forehead, left eye hurt in & out, my ears ringing louder, my right hand, right shoulder & neck, my right arm on inside of tricep under arm area has gashed skin with internal bleeding, my left ear was abruptly punched also and is turning black & red.



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM
(Carbon Copied)

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Grievance #: 2020091887
 Date Received: MAR 17 2020
 Date Due: 4-26-2020
 Grievance Code: 801
 Investigator ID #: I-2668
 Extension Date: 6-5-20
 Date Retd to Offender: APR 28 2020

Offender Name: Jamon Hestand TDCJ # 1343536Unit: Michael Housing Assignment: 12B-44cellUnit where incident occurred: MichaelExcessive Use of Force/Denial of Medical/Theft/etc.

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing. * On duty staff

Who did you talk to (name, title)? Lt. Eric L. Brannon/Nurse Abiodun Alade/et. al. When? March 9th & 10th, 2020

What was their response? Negative

What action was taken? Physical pain, spoiled food, belligerent staff, excessive use of force, denial of medical, theft of
camp, etc.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On March 9th, 2020 on Night Shift, on duty staff served spoiled food to cells 43 thru 56 on 12 Building D-Pod and became very belligerent when we inmates complained, telling us we are all lying even in front of a Sgt. at my cell 12D-43cell which agitated my mental illness making me angry along with continuous physical pain from multiple injuries and I simply threw water on the staff and refused to give up the tray slot and the staff & Sgt. left at same time after 9pm. Either Lt. Eric L. Brannon or Sgt. G? got approval to use force on me without getting qualified medical personnel to speak with me to de-escalate the situation psychologically, from either a Captain, Major, or Warden regardless of my mental illness disability & Chronically Mentally Ill-Sheltered Housing Status... and Lt. Brannon, a Sgt. G.P., a Camera Operator, and 5 man team returned to my cell at about 10pm or so... I was even more angry and couldn't think straight & couldn't follow or understand any orders and Sgt. G? sprayed me excessively with chemical agents repeatedly while other staff tried to open door to come in and I tried to come out so I wouldn't be hurt in the cell but couldn't and ended up getting my arm twisted and smashed in the door so I put my arm out the tray slot and they slammed the door open smashing my arm in between the cell door and concrete wall & holding it there like a vise grip while others ran in and shoved me down to the concrete between door & toilet, twisting me around pulling my feet towards the bunk away from the door with my right arm still stuck in the vise feeling like it would be broken and muscles pulled or torn all the way up my arm to my shoulder, back, and neck before finally releasing me onto the ground where the Officer by my head began sticking his fingers in my left eye and then punching me over & over in my left eye & ear while others at my feet kept yanking on my legs for quite some time... The camera operator did not keep the camera on me deliberately to obstruct justice and I said everything going on loud & clear as best I could with injuries. Once they shackled my feet & hands I couldn't walk due to injuries to my right knee, right arm, back, and I was having chest pain which I tried to explain but was ignored and was denied medical care. I was picked up regardless of my injuries & placed on a gurney and taken to 12E-19 cell and was burning badly from chemical agents and got

I-127 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

* In 12E-19 cell as chemical agents lost some burning potency and I could open my eyes I noticed my right knee injured, my lower & upper back injured, bloody spot on upper left forehead, left eye hurt, my left ear hurt & ringing louder and black & red, my right arm on inside of forearm crushed with internal bleeding

Appendix F